



Application for Immediate Retirement

Federal Employees Retirement System

See Privacy Act
Information on Instruction
Sheet

Section A - Identifying Information

1. Name (last, first, middle)		2. List all other names you have used	
3. Address (number, street, city, state, ZIP code)	4. Daytime tele.# (area code)	5. Date of birth (month, day, year)	6. Social security number
Best time to reach you			
7. Are you a citizen of the United States of America?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
8. Is this an application for disability retirement?	<input type="checkbox"/> Yes (ask your employing office about other documents you must submit) <input type="checkbox"/> No		

Section B - Federal Service

1. Department or agency from which you are retiring (include bureau or division, address and ZIP code)	2. Date of final separation (month, day, year)
3. Title of position from which you are retiring	
4. Have you performed active honorable service in the Armed Services or other uniformed services of the United States? (See instructions for definition)	<input type="checkbox"/> Yes (Complete Schedule A and attach to this form) <input type="checkbox"/> No
5. Are you receiving or have you applied for military retired pay? (Note: If you later become entitled to military retired pay you must notify OPM.)	<input type="checkbox"/> Yes (Complete Schedule B and attach to this form) <input type="checkbox"/> No

Section C - Marital Information (All applicants must complete Questions 1 and 2 below.)

1. Are you married now? (A marriage exists until ended by death, divorce, or annulment)	<input type="checkbox"/> Yes (Also complete items 1a-f below) <input type="checkbox"/> No	
1a. Spouse's name (last, first, middle)	1b. Spouse's date of birth (month, day, year)	1c. Spouse's social security number
1d. Place of marriage (city, state)	1e. Date of marriage (month, day, year)	1f. Marriage performed by <input type="checkbox"/> Clergyman or Justice of the Peace <input type="checkbox"/> Other (explain):
2. Do you have a living former spouse(s) to whom a court order gives a survivor annuity? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Attach a certified copy of the court order(s) and any amendments		

Section D - Annuity Election

Make your election by initialing the box beside the type of annuity you want to receive and give any other information requested. Read the pamphlet "Applying for Immediate Retirement under FERS" and the explanations below and consider your election carefully. No change will be permitted

after your annuity is granted except as explained in the pamphlet. If you are married at retirement, the law provides an annuity with full survivor benefits for your spouse unless your spouse consents to your election not to provide maximum survivor benefits.

1. I choose a reduced annuity with maximum survivor annuity for my spouse.	INITIALS	If you are married at retirement, you will receive this type of annuity unless your spouse consents to your election not to provide maximum survivor benefits. If you receive this annuity, your annuity will be reduced by 10%. Your spouse's annuity upon your death will be 50% of your annuity.	
2. I choose a reduced annuity with a partial survivor annuity for my spouse.	INITIALS	If you choose this option, your annuity will be reduced by 5%. Upon your death, your spouse's annuity will be 25% of your unreduced annuity. You MUST have your spouse's consent to choose this option. Complete form SF 3107-2 (Spouse's Consent to Survivor Election) and attach it to your application.	
3. I choose an annuity payable only during my lifetime.	INITIALS	If you are married at retirement, you CANNOT choose this type of annuity without your spouse's consent. No survivor annuity will be paid to your spouse after your death if he or she consents to this election and any health benefits will cease. If you are married and elect this, complete form SF 3107-2 (Spouse's Consent to Survivor Election) and attach it to your application.	
4. I choose a reduced annuity with survivor annuity for the person named below who has an insurable interest in me.	INITIALS	You must be healthy and willing to provide medical evidence if you choose this type of annuity. (Disability annuitants are not eligible to choose this type of annuity.)	
Name of person with insurable interest	Relationship to you	Date of birth	Social security number
5. I choose a reduced annuity with survivor annuity for my former spouse(s) as follows:	INITIALS	You must attach: 1. Copies of divorce decrees for all former spouses for whom you elect to provide a survivor annuity. 2. If you are married, attach a completed SF 3107-2, Spouse's Consent to Survivor Election. You cannot choose this option and provide a maximum survivor annuity for your spouse (Box 1).	

Name and address of former spouse	Date of marriage	Date of divorce	Survivor annuity equal to _____ % of my annuity
	Date of birth	Social security number	
Name and address of former spouse	Date of marriage	Date of divorce	Survivor annuity equal to _____ % of my annuity
	Date of birth	Social security number	
Total (either 25% or 50% of your unreduced annuity)			

Section E - Insurance Information

See the pamphlet RI 92-28, "Applying for Immediate Retirement Under the Federal Employees Retirement System," for information.

1. Are you eligible to continue Federal Employees Health Benefits coverage as a retiree?	<input type="checkbox"/> Yes <input type="checkbox"/> No	2. Are you eligible to continue Federal Employees' Group Life Insurance coverage as a retiree?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Section F - Other Claim Information

1. Are you receiving, or have you applied for or received within the past 2 years, workers' compensation from the Department of Labor because of a job-related illness or injury?	<input type="checkbox"/> Yes (Complete Schedule C and attach to this form) <input type="checkbox"/> No
2. Have you previously filed any application under the Civil Service Retirement System or the Federal Employees Retirement System (for retirement, refund, deposit or redeposit, or voluntary contributions)?	<input type="checkbox"/> Yes (Complete items 2a and 2b below) <input type="checkbox"/> No
2a. Type application <input type="checkbox"/> Retirement <input type="checkbox"/> Refund <input type="checkbox"/> Return of excess deductions <input type="checkbox"/> Voluntary contributions	2b. Claim numbers
<input type="checkbox"/> Deposit or redeposit	

Section G - Information About Your Unmarried Dependent Children

1. Dependent child's name (last, first, middle)	2. Date of birth (month, day, year)	3. Disabled (<input checked="" type="checkbox"/>)	4. Dependent child's name (last, first, middle)	5. Date of birth (month, day, year)	3. Disabled (<input checked="" type="checkbox"/>)

Section H - Direct Deposit and Tax Withholding Information

1. Do you want to have your annuity payments sent directly to your checking or savings account?	<input type="checkbox"/> Yes (go to item 2) <input type="checkbox"/> No (go to item 4)	2. Financial Institution Routing Number _____ (You may obtain this number by calling your bank, credit union, or savings institution. This number is very important. We cannot pay by direct deposit without it.)
3. Checking or Savings Account Number	3a. What kind of account is this? <input type="checkbox"/> Checking <input type="checkbox"/> Savings	3b. Telephone number of your Financial Institution
3c. Name and address of Financial Institution	Special Note: If you prefer, you may attach a cancelled personal check that shows the information requested above, instead of filling in the requested financial institution information. If you attach your personal check, it is especially important that you contact your bank, credit union, or savings institution to confirm that the information on the check is the correct information for direct deposit. (Some institutions, especially credit unions, use different routing numbers on checks.) We can then use this information to start paying you by direct deposit.	
4. Do you want Federal income tax withheld from your annuity payments?	<input type="checkbox"/> Yes (go to item 4a) <input type="checkbox"/> No (go to Section I)	4a. Do you want to have Federal Income tax withheld at the rate currently being withheld from your salary? <input type="checkbox"/> Yes (Attach copy of W-4 form on file with your employing agency.) <input type="checkbox"/> No (Attach new W-4 form, otherwise withholding will be at rate for married with 3 exemptions.)

Section I - Applicant's Certification

WARNING Any intentional false statement in this application or willful misrepresentation relative thereto is a violation of the law punishable by a fine of not more than \$10,000 or imprisonment of not more than 5 years, or both. (18 U.S.C. 1001)	I here certify that all statements made in this application are true to the best of my knowledge and belief.	
	Signature (Do not print)	Date

Applicant's Checklist

This checklist is provided to help you be certain you have attached all the necessary documents and to help your employing office be certain it forwards all of your retirement documentation to the Office of Personnel Management.

	Yes	No	Not Applicable
1. Military Service - If you answered "yes" to Section B, item 4, did you attach Schedule A?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Military Service - If you completed Schedule A, did you attach a copy of your discharge certificate or other certificate of active military service?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Military Retired Pay - If you answered "yes" to Section B, item 5, did you attach Schedule B?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Military Retired Pay - If you completed Schedule B and answered "yes" to item d, did you attach a copy of your request for waiver and a copy of the military finance office's acknowledgement or approval of your request for waiver (if applicable)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Survivor Election - If you are married and did not initial box 1 of Section D, did you attach SF 3107-2, <i>Spouse's Consent to Survivor Election</i> ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Life Insurance - If you answered "yes" to Section E, item 2, did you attach SF 2818, <i>Election of Post-Retirement Basic Life Insurance Coverage</i> ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. OWCP - If you answered "yes" to Section F, item 1, did you attach Schedule C?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Tax - If you want to elect a Federal Income Tax withholding rate, did you attach a W-4 form?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Schedules A, B and C

1. Name (<i>last, first, middle</i>)	2. Date of birth (<i>month, day, year</i>)	3. Social security number
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Schedule A - Military Service Information

1. If you have performed active honorable service in the Armed Services, or other uniformed services, as defined in the instructions, complete 1a-d below and attach a copy of your discharge certificate or other certificate of active military service (*if available*).

See instructions for definitions of Armed Services and Uniformed Services.

a. Branch or service	b. Serial number	c. Dates of active duty		d. Last grade or rank
		From (<i>month, day, year</i>)	To (<i>month, day, year</i>)	

2. If any of your military service occurred on or after January 1, 1957, have you paid a deposit to your agency for this service? (You must pay this deposit to your agency. You cannot pay OPM after you retire.) ☐ Yes ☐ No ☐ Not applicable

Schedule B - Military Retired Pay

1. If you are receiving or have applied for military retired or retainer pay (including disability or retired pay), complete Parts 1a-d below.

<p>a. Are you receiving or have you ever applied for military retired or retainer pay?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>b. Was your military retired or retainer pay awarded for reserve service under Chapter 67, title 10?</p> <p><input type="checkbox"/> Yes (<i>if available, attach a copy of notice of award</i>) <input type="checkbox"/> No</p>
<p>c. Was your military retired pay or retainer pay awarded for a disability incurred in combat or caused by an instrumentality of war and incurred in the line of duty during a period of war?</p> <p><input type="checkbox"/> Yes (<i>if available, attach a copy of notice of award</i>) <input type="checkbox"/> No</p>	<p>d. Are you waiving your military retired or retainer pay in order to receive credit for military service for FERS retirement benefits?</p> <p><input type="checkbox"/> Yes (<i>if available, attach a copy of your request for waiver and a copy of military finance officer's acknowledgement or approval of your request for waiver</i>) <input type="checkbox"/> No</p>

Schedule C - Federal Employees Compensation Information

1. Are you receiving or have you received workers' compensation from the Office of Workers' Compensation Program (OWCP), Department of Labor, because of a job-related illness or injury within the last 2 years?			<input type="checkbox"/> Yes (<i>Complete part 1a-c below</i>) <input type="checkbox"/> No (<i>Go to question 2</i>)
a. Compensation claim number	b. Benefit received		c. Type of benefit
	From (<i>month, day, year</i>)	To (<i>month, day, year</i>)	
			Scheduled award
			Total or partial disability compensation
			Scheduled award
			Total or partial disability compensation
2. If you have applied for workers' compensation (<i>other than as listed in item 1a above</i>) but are NOT receiving benefits, check reason below and give the information requested.			
<input type="checkbox"/> a. Awaiting OWCP decision	<input type="checkbox"/> b. Claim denied		
Compensation claim number	Compensation claim number	Date claim denied	
3. Except for scheduled compensation awards, workers' compensation and FERS retirement benefits CANNOT be paid for the same period of time. Please complete the information below regarding your claim.			
a. Do you agree to notify us promptly if the status of your workers' compensation claim changes?			<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Do you authorize the Office of Personnel Management and/or the Office of Workers Compensation Programs (OWCP) to collect any overpayment if we later find you are ineligible for both compensation and annuity payments covering the same period of time?			<input type="checkbox"/> Yes <input type="checkbox"/> No

Applicant's Certification

I certify that all statements made on these schedules are true to the best of my knowledge and belief.	Signature (<i>do not print</i>)	Date
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